National Fluid Milk Processor Promotion Board Organic Exemption Request Form

For the Calendar Year: _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

□ Operate under an approved organic system plan authorized by the National Organic Program (NOP) (7 CFR Part 205) □ Produces only products eligible for a 100% organic label under the NOP □ Is not a split operation as defined by the Organic Foods Production Act of 1990 Please list all commodities produced (Use continuation sheet if necessary): □ Eligible to be labeled Commodity								
Please complete the following: (Please Print) Contact Name Processor Name: Contact Name								
Company/Processor Name: Contact Name Processor Name: Mailing Address: Telephone No. Fax No.:	<u> </u>	Promotion Board assessment.						
Processor Name: Mailing Address: Telephone No. Fax No.: City/State/Zip: In order to be exempt, the above-named company/processor MUST meet all of the following: (Please Check Operate under an approved organic system plan authorized by the National Organic Program (NOP) (7 CFR Part 205) Produces only products eligible for a 100% organic label under the NOP Is not a split operation as defined by the Organic Foods Production Act of 1990 Please list all commodities produced (Use continuation sheet if necessary): Eligible to be labeled Tommodity Telephone No. Fax No.: Please list all operation as defined by the Organic Foods Production Act of 1990 Please list all commodities produced (Use continuation sheet if necessary): Eligible to be labeled Tommodity Telephone No. Fax No.: Email (optional): In order to be exempt, the above criteria by the Organic Program (NOP) (Tommodity Program (NOP)) Flease list all optional Produced (Use continuation sheet if necessary): Eligible to be labeled Tommodity Telephone No. Fax No.: Email (optional): In order to be exempt, the above criteria and is eligible for an exemption from the assessment under the National Fluid Milk Processor Promotion Program. Signature Title Date (Any false statement or misrepresentation may result in a fine of not more than \$10,000, or imprisonment for not more than five years, or both (18 U. S. C. 1001).) Please mail your completed application to: National Fluid Milk Processor Promotion Board								
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7475 Wisconsin Avenue, Suite 600 Bethesda, MD 20814 Aun: Confections and Compliance Fax Number: (301) 656-1771	National Fluid Milk Processor Promotion Board Attn: Collections and Compliance 7475 Wisconsin Avenue, Suite 600	National Fluid Milk Processor Promotion Board Attn: Collections and Compliance						

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National Fluid Milk Processor Promotion Board Organic Exemption Request Form Continuation Sheet for AMS-15A

Company Name:					
If you need more space to	list commodities, pleas	se use this sheet.			
Please list <u>all</u> commoditi	es produced:				
Commodity	Eligible to be labeled as 100% Organic?		Commodity	Eligible to be labeled as Commodity 100% Organic?	
	Y 🗖	N□	, ···	Y 🗅	N□
	Y 🗆	N□	• • • • • • • • • • • • • • • • • • • •	Y 🗆	N□
	Y 🗖	N□		Y 🗅	N□
	Y 🗖	N□	Section 1	Y 🗅	N□
	Y 🗆	N□		Y 🗅	N□
	_ Y 🗖	N□		Y 🗆	N□